American Board of Certification in Medical Optometry
WHAT CAN I DO FOR YOU TODAY?

I'M LOOKING FOR A CERTIFIED VETERINARIAN.

JUST ONE MOMENT...

SCRIBBLE SCRIBBLE

WHAT CAN I DO FOR YOU TODAY?

DR. PETER

DR. PETER

DR. PETER CERTIFIED VET
Kenneth J. Myers, Ph.D., O.D.
President

P: 231-796-0127
18683 Milton Ave.
Big Rapids, MI 49307

www.abcmo.org
info@abcmo.org

Scientia est Potentia
Initial Facts

1. No study or evidence suggests ODs not maintaining competence.
2. No Bill, Act or legislative language calls for BC of optometrists.
3. General practice dentists rejected BC by 99.6%.
4. Board Certification required only of specialists. (Joint Commission)
The Accepted Meaning of Board Certification

Within medicine, osteopathy, dentistry and podiatry, “board certification” is synonymous with specialization requiring:

- Residency training in specialty after degree.
- Passage of written examination in specialty.
- Certification by specialty board.
Each step is independently controlled. For optometry these are:

- Residency training accredited by ACOE
- Written specialty examination (ACMO by NBEO)
- Traditional specialty board certification (ABCMO)

Board certification is only of use to, and required of, specialists at Joint Commission accredited health care facilities. Not required for general practice.
Specialization evolved over 35 years:

- First residency at Kansas City VA, 1975
- ASCO list of specialties
- ACOE began to accredit residency programs
- Residencies spread to non-VA sites and total 300+
- Matching system begun that spread to all sites (ORMS)
- ACMO first administered 2005
- ABCMO incorporated 2009
ABCMO follows accepted model of board certification

- Today about 20% of graduates complete residency training.
- About 300 residency positions at ACOE accredited sites.
- ABCMO recognizes advanced competence in medical optometry by requiring residency and passage of ACMO.
• BC can not alter or expand practice.
• ABCMO requires compliance with state license.
• ABCMO requires compliance with state regulations.
• ABCMO recognizes state boards as “controlling legal authority”.
• No local, state or federal agency or their laws/regulations require board certification of optometrists or are contemplating such.

• Joint Commission on Accreditation of Health Care Organizations accepts state license and degree for practice of optometry, dentistry, psychology, audiology and other limited-licensed health care providers.

• Joint Commission requires board certification only of specialists.
• Citation of Section 10327 of Health Care Reform Act as supporting board certification of optometrists is incorrect. (ABO website, May, Rev. Opt.)

• **This Section applies only to physicians holding a medical license and board certified in one of 24 ABMS specialties.**
• No evidence current state regulations fail to ensure continued competence.

• ABO or ABCO are not board certification and will not be recognized by Joint Commission credentialing panels.

• Only state boards have authority to determine if current CE inadequate and take corrective actions if needed.

• “Any provider” laws recognize degree and license as sole requirements.
• ABCMO recognizes advanced competence in medical optometry and will be accepted by credentialing bodies and VA.

• ABCMO the result of 35-year effort to create specialty of medical optometry supported by AOA, ASCO and AAO.
Our sister, limited-license profession, dentistry, rejected board certification of general practice dentists with <1% choosing to be board certified.

Of some 377,000 general practice dentists, under 800 are board certified.

In 2000 the AMA plan to ensure competence was closed.
• In all professions, board certification denotes specialization beyond that represented by degree and license and requires residency training.

• Who believes our profession should become a specialty by requiring residency?

• General practice should therefore continue based solely on degree and license as regulated by state boards.